

Signature

## Vacant & Abandoned Property Registration

## City of South Bend, Indiana

This form must be completed by the property owner or other responsible party. If you need assistance, please call (574) 235-9486 or fax to (574) 235-7703.

Please print clearly.

<b>Property Information</b>				
Address:Number	Street Name		# of Units in Building	
Owner's Information				
Full Name:				
Address:Number	Street Name	City	State	Zip Code
Phone Number: ()		·		•
Property Manager's Informat	cion (Owner must designa	ate an individual if he/she does no	ot live within 50 miles o	f the property.)
Full Name:				
Address:	Street Name	City	State	Zip Code
Phone Number: ()		•		•
Responsible Party's Informat	ion (Fill in if owner is a c	corporation, bank, mortgage comp	oany, land trust, or busi	ness entity.)
Full Name:				
Address:Number	g N	Q1.		
		City	State	Zip Code
Phone Number: ()		E-mail Address:		
<ul> <li>Multi-Family Property (no. \$500 per property (no. \$750 per property (no. \$750</li></ul>	nore than 3 residentially for the first year y for the second year rty for the third+ years	and that, to the best of my knowledge and bel	zoned) =	

Mail your completed form(s) to:

Date

Printed Name